



**CITY OF MANKATO
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
RENTAL REHABILITATION APPLICATION**

I. APPLICANT INFORMATION

Name of Applicant: _____

Name of Co-Applicant: _____

Home Address: _____
Street
City/State/Zip

Telephone No: Home (____) _____ Work/Cell (____) _____

Email: _____

Marital Status (check one): __Married __Single __Divorced __Widowed __Separated

II. PROPERTY INFORMATION

Address of building to be rehabilitated: _____

Number of Units: _____ Year Built: _____

III. CREDIT HISTORY

Please answer all questions; if the answer to any of the questions is “yes” please attach a written explanation.

1	Are there any outstanding or pending financial judgments or liens against you or the building to be rehabilitated?	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	No
2	Have you declared Bankruptcy within the last 36 months?	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	No
3	Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	No
4	Are you a co-signer on any note or loan?	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	No
5	Have you ever received any form of assistance through the programs of the Mankato Economic Development Authority?	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	No

IV. OWNERSHIP INFORMATION

Ownership interest in the property to be improved:

___ Contract for Deed

___ Free and Clear

___ Mortgage

___ Lease: Specify terms of Lease: _____

___ Other: Specify: _____

Name(s) on Title: Specify ownership interest of each name on the title:

Amount of Outstanding Principal owed on property to be improved: \$ _____

V. Tenant Household Information:

** 51% of the total units in the property must be occupied by tenants that report incomes, by household size, of equal to or less than 80% of Area Median Income for five years. Failure to do so could result in repayment of the loan.

Tenant's Last Name	Unit Number	Family Size	Disabled	Annual Income	Household Race

VI. RENTAL UNIT INFORMATION

Unit #'s	# of bedrooms (i.e. 2 – 1 bedroom apartments, 1 – 2 bedroom apartments)	Contract Rent (“Base Rent”)	UTILITY ALLOWANCE- See Facts Sheet	Monthly Gross Rent (Contract Rent + Utilities = Gross)

UTILITIES PAID BY TENANT - USING UTILITY ALLOWANCE

WATER & SEWER	Hot Water Type:____	Cooking Type:____	Electric Other	Heat Type: _____	Other Specify : _____	Range	Refrigerator
\$	\$	\$		\$	\$		

UTILITIES PAID BY OWNER - USING UTILITY ALLOWANCE

WATER & SEWER	Hot Water Type:____	Cooking Type:____	Electric Other	Heat Type: _____	Other Specify : _____	Range	Refrigerator
\$	\$	\$		\$	\$		

VII. ESTIMATED REHABILITATION COSTS AND REQUESTED LOAN INFORMATION

Describe proposed Improvements (CDBG Funds can only be used for renovations as indicated in the City of Mankato Rental Rehabilitation Program Guidelines and Policies.)

Exterior: _____

Interior: _____

Mechanical Systems: _____

Other: _____

Estimated total cost of proposed rehabilitation work: \$_____

VIII. PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

1. Proof of property ownership & legal description of the property:
 - Deed or Deed of Trust,
 - Copy of a Mortgage, or
 - Homestead Exemption
2. Proof that you are current in your homeowners insurance. Please bring one of the following:
 - Receipt from insurance company,
 - Canceled check for homeowners insurance, or
 - Mortgage statement from your lender saying insurance was paid.

IX. CERTIFICATION

City of Mankato rehabilitation staff, or an authorized representative shall have the right to inspect the property to be improved and meet with tenant/owner at any time from the date of application upon giving due notice.

I/We, the undersigned understand and agree that all approved renovation work will be in compliance with the City of Mankato Rental Rehabilitation Program Guidelines and Policies.

I/We certify that all statements on this application are true and correct to the best of my/our knowledge. I/We understand that any intentional misstatements will be grounds for disqualification.

I/We authorize program representatives with the right to access the property to be improved for the purpose of the deferred loan program and to take photographs of the structure before and after rehabilitation.

I/We understand the building owner and general contractor will enter into a contract for the improvements to be made, which will be solely between the contractor and the property owner; the administering agency (City of Mankato) will not be liable for inadequate performance of a contractor.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____